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|--|----|------------------------|-------------------|
| <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> |    | Application Number     | 10/714,068        |
|  |    | Filing Date            | November 14, 2003 |
|  |    | First Named Inventor   | Meng YANG         |
|  |    | Art Unit               | 1636              |
|  |    | Examiner Name          | C. Qian           |
| Total Number of Pages in This Submission   | 66 | Attorney Docket Number | 312762002710      |

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input checked="" type="checkbox"/> Affidavits/declaration(s) (65 pages)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><div style="margin-left: 40px;"><input type="checkbox"/> Landscape Table on CD</div> | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Remarks</div><br>Customer No. 25225   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP |          |        |
| Signature    | /Kate H. Murashige/     |          |        |
| Printed name | Kate H. Murashige       |          |        |
| Date         | August 31, 2007         | Reg. No. | 29,959 |